

# West Franklin U.S.D. #287

510 E. Franklin, Pomona, KS 66076  
Phone 785-566-3396 Fax 785-566-8325

## Direct Deposit Agreement Form

I hereby authorize **West Franklin USD #287** to initiate automatic deposits to my account at the financial institution(s) named below. I also authorize **West Franklin USD #287** to make withdrawals from this account in the event that a credit entry is made in error.

This agreement will remain in effect until **West Franklin USD #287** receives a written notice of cancellation from me, or until I submit a new direct deposit form to the Payroll Department.

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Employee Name (please print) \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_

Routing Number (9 digits) \_\_\_\_\_

Checking

Savings

Account Number \_\_\_\_\_

Direct Deposit Action Requested (check one)

1. Start \_\_\_\_\_

3. Add \_\_\_\_\_

5. Continue \_\_\_\_\_

2. Change \_\_\_\_\_

4. Stop \_\_\_\_\_

\_\_\_\_\_ Amount or percentage to be deposited to **checking** account number \_\_\_\_\_ \*

\_\_\_\_\_ Amount or percentage to be deposited to **savings** account number \_\_\_\_\_ \*

\*Total percentages should equal 100%

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please attach a voided check** for a checking account or a savings deposit slip from a savings account to validate account information and return to Teresa Hawkins in the Payroll Department.

\*\*\*\*\*

If you choose to receive a check instead of direct deposit, please sign below:

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_